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INTERNATIONAL  PAPER

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SENT ☒ BY FACSIMILE TO (571-273-8300)
☐ BY FIRST CLASS MAIL TO THE ADDRESS BELOW

13 October 2006

Commissioner for Patents
United States Patent and Trademark Office
Post Office Box 1450
Alexandria, Virginia 22313-1450

RE: SUBMISSION OF RESPONSE TO OFFICE ACTION

Applicant(s) : Sandeep Kulkarni
Serial No. : 10/685,899
Filed on : 10/15/2003
Title : Novel Paper Based Substrates and Articles Manufactured Therefrom
Our Ref. : CSP-025549-V1


Dear Commissioner:

Enclosed herewith for filing, Applicant(s) respectfully submit(s) the following checked items:

- ☒ Petition for Extension of Time Under 37 C.F.R. 1.136(a), Form PTO/SB/22, and one (1) copy thereof attached thereto, 2 sheet(s);
- ☒ Fee Transmittal, Form PTO/SB/17, 1 sheet(s);
- ☒ Response to Office Action (including attachments, if any), 10 sheet(s) total;
- ☒ Other: Terminal Disclaimer PTO/SB/26, 1 sheet(s);
- ☒ Other: Statement Under 37 CFR 3.73(b), Form PTO/SB/96, 1 sheet(s);
- ☐ Postage-prepaid return-receipt postcard for your use in stamping to indicate receipt of the above-listed items.

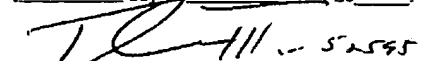
Please stamp the enclosed postcard and return same to me to indicate your receipt of the above-listed items. Please feel free to contact me if you have any questions concerning the above or the enclosed.

With kindest regards,


Thomas W. Barnes
Agent for Applicant(s)

Enclosure(s)
TWB/ mlm

Certification of Mailing or Transmission Under 37 C.F.R. 1.8
The undersigned hereby certifies that a true and accurate copy of the within "Response to Office Action", together with all attachments referred-to herein, is being transmitted to the Honorable Commissioner for Patents, either by first-class mail, postage prepaid, addressed to Commissioner for Patents, Post Office Box 1450, Alexandria, Virginia 22313-1450, or by facsimile transmission to the facsimile number indicated hereon, on this the 13th day of October, 20 06.


Thomas W. Barnes, III

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PTO/SB/17 (01-06)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 130.00

Complete if Known

Application Number	10685,899
Filing Date	10/15/2003
First Named Inventor	Sandeep Kulkarni
Examiner Name	Cameron, Eric A
Art Unit	1762
Attorney Docket No.	CSP-025549-V1

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OCT 13 2006**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 09-0525 Deposit Account Name: International Paper Co.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

360

180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

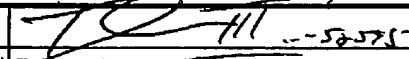
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Statutory Disclaimer

Fees Paid (\$)

130.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 52,595	Telephone 513-248-6736
Name (Print/Type)	Thomas W. Barnes, III	Date 13 October 2006	

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.